



## NOTICE OF SOLICITATION

**SERIAL 06020-S**

**INVITATION FOR BID FOR: PRE-PAID DENTAL SERVICES**

Notice is hereby given sealed bids will be received by the Materials Management Department, Materials Management Center, 320 West Lincoln Street, Phoenix, Arizona 85003-2494, until **2:00 P.M./M.S.T. on OCTOBER 17, 2006** for the furnishing of the following for Maricopa County bids will be opened by the Materials Management Director (or designated representative) at an open, public meeting at the above time and place.

All bids must be signed, sealed and addressed to the Materials Management Department, Materials Management Center, 320 West Lincoln Street, Phoenix, Arizona 85003-2494, and marked **"SERIAL 06020-S INVITATION FOR BID FOR PRE-PAID DENTAL SERVICES."**

The Maricopa County Procurement Code ("The Code") governs this procurement and is incorporated by this reference. Any protest concerning this Invitation for Bid must be filed with the Procurement Officer in accordance with Section MC1-905 of the Code.

**ALL ADMINISTRATIVE INFORMATION CONCERNING THIS INVITATION FOR BID AND THE CONTRACTUAL TERMS AND CONDITIONS CAN BE LOCATED AT <http://www.maricopa.gov/materials>. ANY ADDENDA TO THIS INVITATION FOR BID WILL BE POSTED ON THE MARICOPA COUNTY MATERIALS MANAGEMENT WEB SITE UNDER THE SOLICITATION SERIAL NUMBER.**

BID ENVELOPES WITH INSUFFICIENT POSTAGE WILL NOT BE ACCEPTED BY THE MARICOPA COUNTY MATERIALS MANAGEMENT CENTER

**DIRECT ALL INQUIRIES TO:**

STEVE DAHLE  
PROCUREMENT OFFICER  
TELEPHONE: (602) 506-3450

**THERE WILL BE A MANDATORY PRE-BID CONFERENCE ON SEPTEMBER 26, 2006, 9:00 AM AT THE MARICOPA COUNTY MATERIALS MANAGEMENT DEPARTMENT, 320 W. LINCOLN ST., PHOENIX, AZ 85003**

**NOTE: MARICOPA COUNTY PUBLISHES ITS SOLICITATIONS ONLINE AND THEY ARE AVAILABLE FOR VIEWING AND/OR DOWNLOADING AT THE FOLLOWING INTERNET ADDRESS:**

<http://www.maricopa.gov/materials/advbd/advbd.asp>

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**NO RESPONSE**

Respondents not responding to this Invitation for Bid are asked to complete this document and return it to Maricopa County Materials Management Department, 320 W. Lincoln St., Phoenix, AZ 85003-2494 or fax to 602/258-1573.

**MARK OUTSIDE ENVELOPE "SERIAL 06020 -S"**

Responses must be received **BY 2:00 P.M., OCTOBER 17, 2006**. Respondents failing to submit a bid, or this document, may be subject to removal from the Maricopa County Materials Management Contractor List.

**SERIAL 06020-S**

**TITLE: PRE-PAID DENTAL SERVICES**

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CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

REASON FOR NOT SUBMITTING A BID:

\_\_\_\_\_ Insufficient time  
\_\_\_\_\_ Do not handle product/service  
\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT**

**PLEASE READ BEFORE SUBMITTING YOUR BID**

**M/WSBE CONTRACT PARTICIPATION**

For this Contract a combined M/WSBE goal of 0% involvement is established for Minority/Women-Owned Small Business Enterprises (M/WSBE). This goal may be attained singularly or by any combination thereof to create the overall designated percentage involvement goal. Instructions and required forms are included in the Minority/Women-Owned Small Business Enterprise Program Contracting Requirements section. The Maricopa County Minority and Women-Owned Small Business Enterprise Program, revised June 14, 2000, is incorporated by reference

The Materials Management Department of Maricopa County will endeavor to ensure in every possible way that Minority and Women-owned Small Business firms shall have every opportunity to participate in providing professional services, materials, and contractual services to the Materials Management Department of Maricopa County without being discriminated against on the grounds of race, religion, sex, age or national origin. The Maricopa County Minority Business Program, effective January 1, 1992, is incorporated by reference.

Attachments D, E, and F provide detailed information and forms to be submitted as part of your proposal. If no goal has been set the attachments will be not be required to be submitted with the Respondent's Bid.

**THESE FORMS MAY BE LOCATED AT <http://www.maricopa.gov/materials>. M/WSBE PARTICIPATION FORMS.**

**INVITATION FOR BID FOR: PRE-PAID DENTAL SERVICES**

**1.0 INTENT:**

It is the intent of Maricopa County to solicit bids for a fully insured prepaid dental plan commencing July 1, 2007 to cover employees (CURRENTLY THERE ARE 2994 ENROLLED) throughout Maricopa County. This plan will be along side two PPO dental plans (plan summary Exhibit 2) one fully insured and one self-insured, also available to all Maricopa County employees, and we will consider the best plan your organization can offer relative to the specs included in this Bid.

**1.1 BACKGROUND:**

Maricopa County (the County) services employees in urban, suburban and rural areas within the County and in adjacent counties. The County's active employees reside in the Phoenix metropolitan area as well as Gila Bend, Wickenburg, etc. The County has approximately 12,500 benefit eligible employees.

Maricopa County Government is a political sub-division of the State of Arizona and is under the control of a five-member Board of Supervisors, elected every four years. In addition, seven departments are controlled by elected officials: Assessor, Treasurer, Recorder, Sheriff, County Attorney, Superintendent of Schools, and Clerk of Superior Court. A presiding judge leads the Superior Court System.

The County Manager reports to the Board of Supervisors and is responsible for the operation of those departments under the control of the Board (those not identified in the previous paragraph), and for implementation of Board policy. Four other officers support the County Manager: the Deputy County Manager, Chief Financial Officer, and Assistant County Manager of Community Services and the Assistant County Manager of Regional Development Services.

**2.0 TECHNICAL REQUIREMENTS:**

**The plan of benefits shall match, as closely as possible, the current plan, except the County prefers to have coverage included for specialty services in lieu of the current discount arrangement. If you feel it would be advantageous for the County to consider other additional plan designs, the current plan design and fee schedule must be met as closely as possible as a minimum and only richer benefit plans and fee schedules will be considered. Please provide specific descriptions of all proposed differences.**

**2.1 Scope Of Services To Be Provided Under This Bid**

In addition to the minimum requirements noted in Exhibit 2, your response and ultimately contracted services, must comply with the following scope of work:

- 2.1.1 Contract effective date will be 7/1/2007. Rates must be pre-determined for at least the first 3 contract years. (The rates need not necessarily be the same for all 3 years).
- 2.1.2 The policy's or contract's rate change date and anniversary will fall on July 1st. All contract or benefit changes will only occur on this date unless previously agreed to in writing by all parties.
- 2.1.3 Written, 9-month rate change notification including any major plan change including but not limited to, benefit plan design (co-pay schedule) and provider network must be given prior to the anniversary dates for years 4, 5, 6 and will include supporting documentation. The first notification is due October 1, 2009 for year 4 of the contract (2010). Preliminary, non-binding renewal projections to assist the County in the budgetary process must be provided as requested.

- 2.1.4 Contractor must notify the County at least 9 months prior to voluntary, unilateral plan termination or plan replacement or reduction of benefits effective on the next contract anniversary date.
- 2.1.5 Contractor shall have the ability to administer current plan. Plan costs are shared with employees on a 47% employee/53% employer basis across the board. The County will self-administer premiums. Premiums will be paid monthly based on 12 cycles per plan year, or 24 payroll cycles. Premiums are collected from the first two paychecks received in the month. Since the County pays wages on a bi-weekly basis, there are two paychecks from which premiums are not typically collected (this occurs when there are three paydays in the month). Increases or decreases in premium are effective the same pay period in which the change is effective.
- 2.1.6 The County's COBRA Administrator will handle eligibility notification, termination and premium payment for COBRA participants.
- 2.1.7 The County maintains the rights to accept, reject, or cancel the contract of a contractor at any time if there is a significant change, in the County's opinion, in the contractors operation of the plan, including, but not limited to, the provider network, satisfaction with customer service, quality of the plan's services and satisfaction by the County's employees
- 2.1.8 Contractor shall be responsible for drafting, producing and distributing, subject to County review and approval, all communication materials, certificates of coverage, plan summaries and administrative forms. Such documents shall be produced in sufficient quantities to meet the needs of existing and future employees. All documents must be available electronically for posting on the County's intranet and internet Web sites.
- 2.1.9 Contractor will print, at their cost, and provide in bulk (drop shipment) plan certificates and summary of benefits for the number of employees (active and prospective) and locations provided by the Employee Health Initiatives department.
- 2.1.10 Contractor must provide quarterly Count-specific customer service trend reports of call center and other customer contacts, problem resolution and appeal activity and outcomes.
- 2.1.11 Contractor must provide summarized results of County-specific satisfaction survey at least annually no less than 7 months prior to the renewal anniversary.
- 2.1.12 Contractor will meet periodically, at least quarterly and sometimes more frequently with the Employee Health Initiatives department to conduct operational and strategic meetings regarding benefit plan operations, problem resolution, customer service issues, and plan direction.
- 2.1.13 Contractor will provide personnel to attend open enrollment fairs (approximately 15 per year), new employee orientations (bi-weekly) and other periodic employee information and health fairs focused on wellness and prevention (up to four per year)
- 2.1.14 Contractor will provide educational information to be used in newsletters to promote wellness and preventive care.
- 2.1.15 Contractor must be able to accept weekly eligibility files for active employees via custom electronic interfaces created with data from PeopleSoft (version 8.8 or higher). The contractor must be able to accept and process the file within two business days of receipt. Contractor must also be able to generate an electronic exception report for the County within five working days after process the data from each file.
- 2.1.16 The County will make the final determination on errors and has ultimate authority to correct any and all administrative errors.
- 2.1.17 Contract/rates will not include any commission load.

- 2.1.18 The contractor must have the capability to accept electronic fund transfers.
- 2.1.19 The contractor must provide a detailed implementation plan and meet with Employee Health Initiatives personnel to establish administrative and claims payment procedures.
- 2.1.20 At no additional charge to the County, the contractor will be required to provide representatives to attend group transition sessions for employees. The representative would be scheduled in Maricopa County at varied times and sites. The representative would, at the request of the County, answer questions and/or make a brief presentation.
- 2.1.21 Contractor shall provide initial ID cards for newly eligible employees and their covered dependents within ten business days of receipt of the eligibility file or request from participant.
- 2.1.22 Takeover shall be on a “no-loss, no-gain” basis. Contractor must have a process to handle dental treatment already in process but not completed by the beginning of this contract.
- 2.1.23 Contractor must provide run out services for a minimum of six months following the termination of the contract.

**2.2 Minimum Contractor Requirements**

- 2.2.1 Contractor’s provider network must include a minimum (open to new patients) of **120** general dentists in Maricopa County and at least **60** specialists with current active contracts operating in Maricopa County and have the capacity to provide services to Maricopa County employees. The network must be able to provide service in the event of emergency, after hours or on weekends and holidays. The contractor must have a credentialing process in place to ensure the quality of their providers.
- 2.2.2 Contractor must provide and list current general and specialist provider and whether their practices are currently open or closed to new member/patients. Listing must show a provider’s full time equivalence and not include or list the same provider at more than one office location. List must also include provider’s office address and phone number.
- 2.2.3 Each Contractor must provide a geo-access report indicating the locations of all dentist offices in network including family dentistry and specialists (include in bid response).
- 2.2.4 The proposing dental plan, or its corporate parent, must have revenues in excess of \$5,000,000 and total assets in excess of \$50,000,000 during the most recent fiscal year report.
- 2.2.5 Contractor must have a least 3 accounts with populations of more than 2,500 employees within the Southwest Region.
- 2.2.6 Contractor shall have been the Pre-Paid Dental business at least 3 years.
- 2.2.7 Contractor must be able to accept the subscriber identification number as the employee identification number, a 9-digit County-assigned number, unique to Maricopa County employees.
- 2.2.8 Contractor must conduct business in compliance with HIPAA (Health Information Portability and Accountability Act) and applicable State statutes.
- 2.2.9 Contractor must provide toll-free access to customer service representatives between 8:00 a.m. and 5:00 p.m., Monday through Friday and have the capability to handled calls from non-English speaking employees.
- 2.2.10 Contractor must provide performance guarantees that put a portion of their fees at risk for specific services.

2.2.11 Contractor must maintain a Web site where employees may look up current providers, and print temporary ID cards.

2.3 TAX:

No tax shall be levied against labor. It is the responsibility of the Contractor to determine any and all taxes and include the same in proposal price.

2.4 DELIVERY:

It shall be the Contractor's responsibility to meet the proposed delivery requirements. Maricopa County reserves the right to obtain services on the open market in the event the Contractor fails to make delivery and any price differential will be charged against the Contractor.

3.0 **SPECIAL TERMS & CONDITIONS:**

3.1 CONTRACT TERM:

This Invitation for Bid is for awarding a firm, fixed price purchasing contract to cover a three (3) year period.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3), one (1) year options. The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period.

3.3 PRICE ADJUSTMENTS:

Any requests for reasonable price adjustments must be submitted 9 months (270) days prior to the Contract expiration date. Requests for adjustment in cost of labor and/or materials must be supported by appropriate documentation. If County agrees to the adjusted price terms, County shall issue written approval of the change. The reasonableness of the request will be determined by comparing the request with the Consumer Price Index or by performing a market survey.

3.4 INDEMNIFICATION AND INSURANCE:

3.4.1 INDEMNIFICATION

To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless County, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the negligent acts, errors, omissions or mistakes relating to the performance of this Contract. Contractor's duty to defend, indemnify and hold harmless County, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting there from, caused by any negligent acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes Contractor may be legally liable.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the sole negligence of County.



### 3.5 INSURANCE REQUIREMENTS

Contractor, at Contractor's own expense, shall purchase and maintain the herein stipulated minimum insurance from a company or companies duly licensed by the State of Arizona and possessing a current A.M. Best, Inc. rating of B++6. In lieu of State of Arizona licensing, the stipulated insurance may be purchased from a company or companies, which are authorized to do business in the State of Arizona, provided that said insurance companies meet the approval of County. The form of any insurance policies and forms must be acceptable to County.

All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted. Failure to do so may, at the sole discretion of County, constitute a material breach of this Contract.

Contractor's insurance shall be primary insurance as respects County, and any insurance or self-insurance maintained by County shall not contribute to it.

Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect the County's right to coverage afforded under the insurance policies.

The insurance policies may provide coverage that contains deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to County under such policies. Contractor shall be solely responsible for the deductible and/or self-insured retention and County, at its option, may require Contractor to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

County reserves the right to request and to receive, within 10 working days, certified copies of any or all of the herein required insurance policies and/or endorsements. County shall not be obligated, however, to review such policies and/or endorsements or to advise Contractor of any deficiencies in such policies and endorsements, and such receipt shall not relieve Contractor from, or be deemed a waiver of County's right to insist on strict fulfillment of Contractor's obligations under this Contract.

The insurance policies required by this Contract, except Workers' Compensation, and Errors and Omissions, shall name County, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

The policies required hereunder, except Workers' Compensation, and Errors and Omissions, shall contain a waiver of transfer of rights of recovery (subrogation) against County, its agents, representatives, officers, directors, officials and employees for any claims arising out of Contractor's work or service.

Contractor is required to procure and maintain the following coverages indicated by a checkmark:

#### 3.5.1 Commercial General Liability:

Commercial General Liability insurance and, if necessary, Commercial Umbrella insurance with a limit of not less than \$1,000,000 for each occurrence, \$2,000,000 Products/Completed Operations Aggregate, and \$2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage, and shall not contain any provision which would serve to limit third party action over claims. There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from explosion, collapse, or underground property damage.

3.5.2 Automobile Liability:

Commercial/Business Automobile Liability insurance and, if necessary, Commercial Umbrella insurance with a combined single limit for bodily injury and property damage of not less than \$1,000,000 each occurrence with respect to any of the Contractor's owned, hired, and non-owned vehicles assigned to or used in performance of the Contractor's work or services under this Contract.

3.5.3 Workers' Compensation:

Workers' Compensation insurance to cover obligations imposed by federal and state statutes having jurisdiction of Contractor's employees engaged in the performance of the work or services under this Contract; and Employer's Liability insurance of not less than \$100,000 for each accident, \$100,000 disease for each employee, and \$500,000 disease policy limit.

Contractor waives all rights against County and its agents, officers, directors and employees for recovery of damages to the extent these damages are covered by the Workers' Compensation and Employer's Liability or commercial umbrella liability insurance obtained by Contractor pursuant to this Contract.

3.5.4 Certificates of Insurance.

3.5.4.1 Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon 48 hours notice. **BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF CONTRACT.**

In the event any insurance policy (ies) required by this contract is (are) written on a "claims made" basis, coverage shall extend for two years past completion and acceptance of **Contractor's** work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to **County** fifteen (15) days prior to the expiration date.

3.5.4.2 Cancellation and Expiration Notice.

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

3.6 NO GUARANTEED QUANTITIES.

The Respondent understands and hereby acknowledges that the County makes no representations nor guarantees the Respondent any minimum or maximum number of units of service to be provided under this Contract

3.7 INQUIRIES AND NOTICES:

All inquiries concerning information herein shall be addressed to:

MARICOPA COUNTY  
DEPARTMENT OF MATERIALS MANAGEMENT  
ATTN: CONTRACT ADMINISTRATION

320 W. LINCOLN ST.  
PHOENIX, AZ 85003

Administrative telephone inquiries shall be addressed to:

STEVE DAHLE, STRATEGIC CONTRACT MANAGER, 602-506-3450  
([sdahle@mail.maricopa.gov](mailto:sdahle@mail.maricopa.gov))

Technical telephone inquiries shall be addressed to:

Pat Vancil, Employee Benefits Manager, 602-372-2837  
([pvancil@mail.maricopa.gov](mailto:pvancil@mail.maricopa.gov))

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

3.8 EVALUATION CRITERIA.

3.8.1 The evaluation of Bids will be based on, but will not be limited to, the following:

3.8.1.1 Compliance with specifications.

3.8.1.2 Price.

3.8.1.3 Determination of Responsibility.

3.8.2 The County reserves the right to award in whole or in part, by item or group of items, by section or geographic area, or make multiple awards, where such action serves the County's best interest.

3.9 SUBMISSION PRICE CLARITY.

For reasons of clarity all submissions of pricing (Attachment A) shall be priced in the same unit (size, volume, quantity, weight, etc.) as the bid specifications request. Submissions (bids) failing to comply with this requirement may be declared non-responsive.

3.10 INSTRUCTIONS FOR PREPARING AND SUBMITTING BIDS.

**Respondents shall provide one (1) original hardcopy (labeled), Two (2) hardcopy copies and two (2) electronic copies, including pricing, on CD.** Respondents are to identify their responses with the bid serial number, title and return address to Maricopa County, Department of Materials Management, 320 West Lincoln, Phoenix, Arizona 85003. **The owner, corporate official or partner who has been authorized to make such commitments must sign bids.**

3.11 RESPONDENT REVIEW OF DOCUMENTS.

The Respondent must review its Bid submission to assure the following requirements are met.

3.11.1 **Mandatory:** One (1) original hardcopy (labeled), and two (2) electronic copy of pricing on a CD;

3.11.2 **Mandatory:** Attachment "A", Pricing;

3.11.3 **Mandatory:** Attachment "B", Agreement; and

3.11.4 **Mandatory:** Attachment "C", References.

3.11.5 **Mandatory:** GEO-Access Report (See section 2.2.3)

**3.12 POST AWARD MEETING:**

The successful Respondent(s) shall be required to attend a post-award meeting with the Using Agency to discuss the terms and conditions of the Contract. This meeting will be coordinated by the Procurement Officer of the Contract.

**NOTE: RESPONDENTS ARE REQUIRED TO USE ATTACHED FORMS TO SUBMIT THEIR PROPOSALS.**

**ATTACHMENT A  
PRICING**

SERIAL 06020-S

PRICING SHEET: NIGP 94810/S06 32 02/B0604222

BIDDER NAME:

VENDOR # :

BIDDER ADDRESS:

P.O. ADDRESS:

BIDDER PHONE #:

BIDDER FAX #:

COMPANY WEB SITE:

COMPANY CONTACT (REP):

E-MAIL ADDRESS (REP):

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES \_\_\_\_ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: \_\_\_\_ YES \_\_\_\_ NO

PAYMENT TERMS: BIDDER IS REQUIRED TO PICK ONE OF THE FOLLOWING.

TERMS WILL BE CONSIDERED IN DETERMINING LOW BID.

FAILURE TO CHOOSE A TERM WILL RESULT IN A DEFAULT TO NET 30.

BIDDER MUST INITIAL THE SELECTION BELOW.

NET 10

NET 15

NET 20

NET 30

NET 45

NET 60

NET 90

2% 10 DAYS NET 30

1% 10 DAYS NET 30

2% 30 DAYS NET 31

1% 30 DAYS NET 31

5% 30 DAYS NET 31

**INDICATE PERCENTAGE OF M/WBE PARTICIPATION IF ANY HERE: \_\_\_\_\_%**

**PLEASE INDICATE HOW YOU HEARD ABOUT THIS SOLICITATION:**

\_\_\_\_ NEWSPAPER ADVERTISEMENT

\_\_\_\_ MARICOPA COUNTY WEB SITE

\_\_\_\_ PRE-SOLICITATION NOTICE (POST CARD)

\_\_\_\_ E-MAIL

\_\_\_\_ OTHER (PLEASE SPECIFY)

ALL PRICING SHALL BE SUBMITTED ON THE SAME CD AS THE BID AND FORMATTED IN EXCEL '2003. BIDS WILL NOT BE ACCEPTED WITHOUT THE ACCOMPANYING CD IN YOUR SUBMITTAL. ANY RESPONSE NOT CONTAINING THE REQUIRED CD MAY BE CONSIDERED NON-RESPONSIVE AND NOT CONSIDERED FOR EVALUATION OR CONTRACT AWARD.

# ATTACHMENT A PRICING

## 1.0 PRICING:

### 1.1 Pricing:

#### Per Employee / Per Month Costs

Calendar/Plan Year	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
2007	\$ _____	\$ _____	\$ _____	\$ _____
2008	\$ _____	\$ _____	\$ _____	\$ _____
2009	\$ _____	\$ _____	\$ _____	\$ _____

#### Rate Caps

2010	% _____	% _____	% _____	% _____
2011	% _____	% _____	% _____	% _____
2012	% _____	% _____	% _____	% _____

ATTACHMENT B

**AGREEMENT**

Respondent hereby certify that respondent has read, understands and agree that acceptance by Maricopa County of the Respondent's Bid will create a binding Contract. Respondent agrees to fully comply with all terms and conditions as set forth in the Maricopa County Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement

**BY SIGNING THIS PAGE THE SUBMITTING RESPONDENT CERTIFIES THAT RESPONDENT HAS REVIEWED THE ADMINISTRATIVE INFORMATION AND DRAFT IFB CONTRACT'S TERMS AND CONDITIONS LOCATED AT <http://www.maricopa.gov/materials>. AND AGREE TO BE CONTRACTUALLY BOUND TO THEM.**

MINORITY/ WOMEN-OWNED SMALL BUSINESSES (check appropriate item):

\_\_\_\_\_ Disadvantaged Business Enterprise (DBE)  
 \_\_\_\_\_ Women-Owned Business Enterprise (WBE)  
 \_\_\_\_\_ Minority Business Enterprise (MBE)  
 \_\_\_\_\_ Small Business Enterprise (SBE)

\_\_\_\_\_  
 RESPONDENT SUBMITTING PROPOSAL

\_\_\_\_\_  
 FEDERAL TAX ID NUMBER

\_\_\_\_\_  
 PRINTED NAME AND TITLE

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 TELEPHONE

\_\_\_\_\_  
 FAX #

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 DATE

WEB SITE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MARICOPA COUNTY, ARIZONA

BY: \_\_\_\_\_  
 DIRECTOR, MATERIALS MANAGEMENT

\_\_\_\_\_  
 DATE

BY: \_\_\_\_\_  
 CHAIRMAN, BOARD OF SUPERVISORS

\_\_\_\_\_  
 DATE

ATTESTED:

\_\_\_\_\_  
 CLERK OF THE BOARD

\_\_\_\_\_  
 DATE

APPROVED AS TO FORM:

\_\_\_\_\_  
 DEPUTY MARICOPA COUNTY ATTORNEY

\_\_\_\_\_  
 DATE

ATTACHMENT C

**CONTRACTOR REFERENCES**

RESPONDENT SUBMITTING BID: \_\_\_\_\_

1. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_
2. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_
3. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_
4. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_
5. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_



## EXHIBIT 1 VENDOR REGISTRATION PROCEDURES

**On-line Vendor Registration at Maricopa County is available NOW!**

**On November 22, 2004, Maricopa County changed its vendor registration process.** Paper forms will no longer be accepted. Vendor registrations will only be accepted through the active website. Register at <http://www.maricopa.gov/Materials/>

The new process will give you full control over your organizational information. Please be advised however that you are now directly responsible for the presence and accuracy of your company's information.

**Vendors currently registered in our system who have changes to their information or have not registered online must establish a new account via the above web site link. Materials Management will no longer post changes to existing vendor records.**

**Procurement vendors:** Be sure to select those commodity codes that best represent the commodities and or services provided by your organization. Non-procurement registrants may ignore the commodity portion.

Registration is **FREE**. You may use any computer with web access for registration, record updating and maintenance.

If you have any questions, email us at [VendorReg@mail.maricopa.gov](mailto:VendorReg@mail.maricopa.gov).

# Employers Dental Services

Enrollment and Coverage Booklet  
EDS 300



Employers  
Dental  
Services

*A Company of the  
Principal Financial Group*

WE UNDERSTAND WHAT YOU'RE WORKING FOR<sup>SM</sup>

**Principal<sup>®</sup>**  
*Financial  
Group*

# Did You Know?

- About 80% of the population believes that a smile is very important to a person's appearance. (May 1998)\*
- At least 60% of adults in the US have moderate to severe gum disease. (July 1999)\*
- Periodontal (gum) disease is America's number-one oral health issue. (March 1999)\*
- Oral diseases and conditions are associated with other health problems\*\*
- 18% of 2 to 4 year old children have experienced tooth decay and 16% have untreated decay.\*\*
- As a result of dental disease:
  - Employed adults lose more than 164 million hours of work each year
  - More than 51 million school hours are lost each year\*\*

\* ADA News Releases

\*\* Office of the Surgeon General  
Oral Health 2000, Facts and Figures  
Oral Health in America, A Report of the Surgeon General (2000)

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## Questions?

### *Customer Service* Can Help

- Select a dentist
- Change your current dentist  
*(changes received by the 24th of the month will be effective the first of the following month)*
- Process a new ID card
- Resolve and report a concern
- Explain the formal grievance process
- Explain benefits and your costs
- Process a change of address
- Facilitate care for a dental emergency

### If you need assistance, please call:

Customer Service

Phoenix: (602) 248-8912

Tucson: (520) 696-4343

Statewide: 1-800-722-9772

*Spanish speaking representatives available*

P.O. Box 36600

Tucson, AZ 85740-6600

**[www.mydentalplan.net](http://www.mydentalplan.net)**



# Employers Dental Services

A Company of the Principal Financial Group®

*Employers Dental Services is a prepaid dental care organization that has been committed to delivering dental care at an affordable cost since 1974.*

## Advantages

- No Deductibles
- No Claim Forms
- No Yearly Maximums
- No Waiting Period for Basic, Preventive or Major Services
- Coverage for Pre-existing Conditions, except Procedures in Progress
- Orthodontic Benefits for Children & Adults
- Prescription Discount Program
- Customer Service Department based in Arizona
- Large Network of Participating Dentists
- Emergency Benefit 24 Hours a Day
- EDS Dentists Participate in our Quality Management and Peer Review Programs
- Value and Affordability with Focus on Preventive Procedures

## Enrollment

- Please read this Enrollment and Coverage Booklet carefully.
- You are eligible after you have met your employer's waiting period or during your employer's annual open enrollment.
- Select a dentist from the EDS Directory of Participating Dentists and Specialists.
- Complete **all** sections of your enrollment form.
- Return your completed enrollment form to your Benefits Administrator.
- You will receive an ID card after your effective date. Your ID card is **not** required for dental appointments.
- Your Benefits Administrator will be able to assist you with your enrollment.

## Appointments

- Schedule your appointment with your chosen dental office after your effective date.
- Your first appointment will be to meet the dentist and receive an evaluation of your oral health.
- If you are unable to keep your scheduled appointment, please notify the dental office at least 24 hours in advance or a missed appointment fee will be charged.
- Office policies and practices vary by dental office. Not all dentists perform all procedures.
- Your dentist will answer questions about your treatment plan.

## Member Costs

- An office visit fee will be charged at each appointment.
- All fees will be paid to the dental office at the time services are rendered.
- Your member costs, listed on the following pages of this booklet, are for procedures performed by your chosen EDS general dentist.
- The column listed as average costs represents what you could expect to pay without any dental coverage.



# Schedule of Benefits EDS 300

## Specialists

### Endodontists, Oral Surgeons, Pediatric Dentists, Periodontists, Prosthodontists and TMD Dentists

EDS Specialists offer up to 25% off their normal fees for services specifically described in this schedule of benefits. All fees will be paid to the specialist at the time of treatment. **A referral is not required.**

## General Dentists

Member costs listed below are for services provided by your chosen EDS General Dentist.

ADA CODE	CDT - PROCEDURE DESCRIPTION	AVERAGE COST	MEMBER COST
<b>DIAGNOSTIC — Procedures that aid the dentist in evaluating existing conditions and determining what dental care is required.</b>			
09431	OFFICE VISIT - PER PATIENT/PER VISIT		3.00
00120	PERIODIC ORAL EVALUATION	34.00	NO CHARGE
00140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	56.00	12.00
00150	COMPREHENSIVE ORAL EVALUATION	55.00	NO CHARGE
00160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY PERIODONTIST'S REPORT		55.00
00170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED	72.00	15.00
00210	X-RAYS - COMPLETE SERIES	90.00	NO CHARGE
00220	X-RAYS - FIRST FILM	19.00	NO CHARGE
00230	X-RAYS - EACH ADDITIONAL FILM	16.00	NO CHARGE
00240	X-RAYS - OCCLUSAL	20.00	NO CHARGE
00270	X-RAYS - BITEWING - SINGLE FILM	18.00	NO CHARGE
00272	X-RAYS - BITEWINGS - TWO FILMS	29.00	NO CHARGE
00274	X-RAYS - BITEWINGS - FOUR FILMS	41.00	NO CHARGE
00330	X-RAYS - PANORAMIC FILM	75.00	NO CHARGE
00460	PULP VITALITY TESTS	28.00	NO CHARGE
00470	DIAGNOSTIC CASTS	79.00	10.00
<b>PREVENTIVE — Procedures that prevent the occurrence of oral diseases.</b>			
01110	CLEANING ADULT (PROPHYLAXIS)	65.00	NO CHARGE
01120	CLEANING CHILD (PROPHYLAXIS)	50.00	NO CHARGE
01201	TOPICAL FLUORIDE & CLEANING - CHILD	70.00	NO CHARGE
01203	TOPICAL APPLICATION OF FLUORIDE - CHILD	23.00	NO CHARGE
01310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE		NO CHARGE
01330	ORAL HYGIENE INSTRUCTIONS	35.00	NO CHARGE
01351	SEALANT-PER TOOTH	36.00	12.00
01510	SPACE MAINTAINER-FIXED-UNILATERAL	221.00	20.00+LAB
01515	SPACE MAINTAINER-FIXED-BILATERAL	334.00	20.00+LAB
01520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	225.00	20.00+LAB
01525	SPACE MAINTAINER-REMOVABLE-BILATERAL	389.00	20.00+LAB
01550	RECEMENTATION OF SPACE MAINTAINER	50.00	20.00
<b>RESTORATIVE — Procedures for restoring lost tooth structure.</b>			
02110	AMALGAM FILLING-ONE SURFACE, PRIMARY	80.00	8.00
02120	AMALGAM FILLING-TWO SURFACES, PRIMARY	95.00	11.00
02130	AMALGAM FILLING-THREE SURFACES, PRIMARY	112.00	15.00
02131	AMALGAM FILLING-FOUR OR MORE SURFACES, PRIMARY	145.00	17.00
02140	AMALGAM FILLING-ONE SURFACE, PERMANENT	103.00	9.00
02150	AMALGAM FILLING-TWO SURFACES, PERMANENT	125.00	13.00
02160	AMALGAM FILLING-THREE SURFACES, PERMANENT	150.00	17.00
02161	AMALGAM FILLING-FOUR OR MORE SURFACES, PERMANENT	160.00	21.00
02330	RESIN FILLING-ONE SURFACE, ANTERIOR	110.00	22.00
02331	RESIN FILLING-TWO SURFACES, ANTERIOR	138.00	28.00

ADA CODE	CDT - PROCEDURE DESCRIPTION	AVERAGE COST	MEMBER COST
02332	RESIN FILLING-THREE SURFACES, ANTERIOR	162.00	40.00
02335	RESIN FILLING-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	190.00	52.00
02380	RESIN FILLING-ONE SURFACE, POSTERIOR-PRIMARY	96.00	22.00
02381	RESIN FILLING-TWO SURFACES, POSTERIOR-PRIMARY	120.00	28.00
02382	RESIN FILLING-THREE OR MORE SURFACES, POSTERIOR-PRIMARY	150.00	40.00
02385	RESIN FILLING-ONE SURFACE, POSTERIOR-PERM	118.00	22.00
02386	RESIN FILLING-TWO SURFACES, POSTERIOR-PERM	155.00	28.00
02387	RESIN FILLING-THREE OR MORE SURFACES, POSTERIOR-PERMANENT	188.00	44.00
02510	INLAY-METALLIC-ONE SURFACE	450.00	135.00
02520	INLAY-METALLIC-TWO SURFACES	650.00	150.00
02530	INLAY-METALLIC-THREE OR MORE SURFACES	795.00	170.00
02740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	803.00	260.00+LAB
02750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	750.00	250.00+LAB
02751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	690.00	250.00+LAB
02752	CROWN-PORCELAIN FUSED TO NOBLE METAL	720.00	250.00+LAB
02790	CROWN-FULL CAST HIGH NOBLE METAL	750.00	250.00+LAB
02791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	710.00	250.00+LAB
02792	CROWN-FULL CAST NOBLE METAL	715.00	250.00+LAB
02799	PROVISIONAL - CROWN - USED AS AN INTERIM RESTORATION OF AT LEAST 6 MONTHS	200.00	38.00
02810	CROWN-3/4 CAST METALLIC	700.00	250.00+LAB
02910	RECEMENT INLAY	70.00	20.00
02920	RECEMENT CROWN	73.00	20.00
02930	PREFABRICATED STAINLESS STEEL CROWN-PRIM TOOTH	175.00	50.00
02931	PREFABRICATED STAINLESS STEEL CROWN-PERM TOOTH	200.00	50.00
02940	SEDATIVE FILLING TEMPORARY FILLING TO RELIEVE PAIN	72.00	NO CHARGE
02950	CORE BUILDUP INCLUDING PINS	178.00	40.00
02951	PIN RETENTION-PER TOOTH, IN ADDITION TO FILLING/CROWN	50.00	40.00
02952	CAST POST AND CORE IN ADDITION TO CROWN	288.00	70.00
02953	EACH ADDITIONAL CAST POST - SAME TOOTH		45.00
02954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	220.00	60.00
02960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	350.00	175.00
02961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	350.00	175.00+LAB
02962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	500.00	250.00+LAB
02970	TEMPORARY CROWN (FRACTURED TOOTH)	160.00	40.00

### ENDODONTICS (Root Canal Therapy) — Procedures for treating diseases of the dental pulp (nerve).

03110	PULP CAP-DIRECT	57.00	5.00
03120	PULP CAP-INDIRECT	45.00	5.00
03220	THERAPEUTIC PULPOTOMY	113.00	30.00
03230	PULPAL THERAPY ANTERIOR, PRIMARY TOOTH	170.00	75.00
03240	PULPAL THERAPY POSTERIOR, PRIMARY TOOTH	221.00	85.00
03310	ROOT CANAL - ANTERIOR	530.00	170.00
03320	ROOT CANAL - BICUSPID	650.00	190.00
03330	ROOT CANAL - MOLAR	855.00	265.00
03346	RETREATMENT ROOT CANAL - ANTERIOR	667.00	320.00
03347	RETREATMENT ROOT CANAL - BICUSPID	750.00	350.00
03348	RETREATMENT ROOT CANAL - MOLAR	950.00	450.00
03351	APEXIFICATION/RECALCIFICATION - INITIAL	283.00	90.00
03352	APEXIFICATION/RECALCIFICATION - INTERIM	142.00	90.00
03353	APEXIFICATION/RECALCIFICATION - FINAL	575.00	90.00
03410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	550.00	170.00
03421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)	675.00	170.00
03425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT)	795.00	170.00
03426	APICOECTOMY/PERIRADICULAR SURGERY-(EACH ADDITIONAL ROOT)	212.00	125.00
03430	RETROGRADE FILLING-PER ROOT	200.00	90.00
03450	ROOT AMPUTATION-PER ROOT	390.00	90.00
03920	HEMISECTION (INCLUDING ANY ROOT REMOVAL)	250.00	90.00

# EXHIBIT 2 CURRENT BENEFIT PLAN

ADA CODES	CDT - PROCEDURE DESCRIPTIONS	AVERAGE COSTS	MEMBER COST	ADA CODES	CDT - PROCEDURE DESCRIPTIONS	AVERAGE COSTS	MEMBER COST
<b>PERIODONTICS — Procedures for treating diseases of the gingival tissues (gums) and periodontal membrane.</b>				06721	CROWN-RESIN FUSED TO PREDOMINANTLY BASE METAL	600.00	250.00+LAB
04210	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT	410.00	225.00	06740	CROWN-PORCELAIN/CERAMIC		235.00+LAB
04211	GINGIVECTOMY OR GINGIVOPLASTY-PER TOOTH	147.00	75.00	06750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	750.00	250.00+LAB
04220	GINGIVAL CURETTAGE, SURGICAL, PER QUADRANT	258.00	150.00	06751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	730.00	250.00+LAB
04240	GINGIVAL FLAP PROCEDURES, INCLUDING ROOT PLANING - PER QUADRANT	512.00	250.00	06752	CROWN-PORCELAIN FUSED TO NOBLE METAL	723.00	250.00+LAB
04249	CLINICAL CROWN LENGTHENING - HARD TISSUE	650.00	250.00	06780	CROWN-3/4 CAST HIGH NOBLE METAL	720.00	250.00+LAB
04260	OSSEOUS SURGERY INCLUDING FLAP ENTRY & CLOSURE-PER QUADRANT	870.00	365.00	06790	CROWN-FULL CAST HIGH NOBLE METAL	745.00	250.00+LAB
04320	PROVISIONAL SPLINTING-INTRACORONAL	165.00	75.00	06791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	625.00	250.00+LAB
04321	PROVISIONAL SPLINTING-EXTRACORONAL	310.00	80.00	06792	CROWN-FULL CAST NOBLE METAL	710.00	250.00+LAB
04341	PERIODONTAL SCALING AND ROOT PLANING-PER QUADRANT	200.00	90.00	06930	RECEMENT FIXED PARTIAL DENTURE	103.00	30.00
04355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS	140.00	80.00	06972	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	225.00	60.00
04381	LOCALIZED DELIVERY OF CHEMOTHERAPEUTIC AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER SITE		15.00	<b>ORAL SURGERY — Procedures for treating nonrestorable teeth and diseases or injury in the oral cavity.</b>			
04910	PERIODONTAL MAINTENANCE PROCEDURES (FOLLOWING ACTIVE THERAPY)	97.00	60.00	07110	EXTRACTION SINGLE TOOTH	100.00	35.00
<b>PROSTHODONTICS — Procedures for providing artificial replacements for missing natural teeth.</b>				07120	EXTRACTION EACH ADDITIONAL TOOTH	100.00	25.00
05110	COMPLETE DENTURE-UPPER	1,000.00	325.00+LAB	07130	ROOT REMOVAL-EXPOSED ROOTS	125.00	55.00
05120	COMPLETE DENTURE-LOWER	950.00	325.00+LAB	07150	EXTRACTION FOR ORTHODONTICS - <b>EXCLUDING THIRD MOLARS</b>	80.00	45.00
05130	IMMEDIATE DENTURE-UPPER	1,100.00	350.00+LAB	07210	SURGICAL REMOVAL OF ERUPTED TOOTH	187.00	60.00
05140	IMMEDIATE DENTURE-LOWER	1,000.00	350.00+LAB	07220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	187.00	85.00
05211	UPPER PARTIAL - RESIN BASE	775.00	375.00+LAB	07230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	225.00	100.00
05212	LOWER PARTIAL - RESIN BASE	875.00	375.00+LAB	07240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	268.00	120.00
05213	UPPER PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	1,050.00	400.00+LAB	07250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	195.00	70.00
05214	LOWER PARTIAL DENTURE- CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	1,050.00	400.00+LAB	07270	TOOTH REIMPLANTATION AND/OR STABILIZATION	250.00	150.00
05281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL	440.00	160.00+LAB	07310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS-PER QUADRANT	175.00	110.00
05410	ADJUST COMPLETE DENTURE-UPPER	64.00	25.00	07320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-PER QUADRANT	200.00	110.00
05411	ADJUST COMPLETE DENTURE-LOWER	53.00	25.00	07510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	150.00	80.00
05421	ADJUST PARTIAL DENTURE-UPPER	53.00	25.00	07960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE	316.00	90.00
05422	ADJUST PARTIAL DENTURE-LOWER	53.00	25.00	07971	EXCISION OF PERICORONAL GINGIVA	140.00	90.00
05510	REPAIR BROKEN COMPLETE DENTURE BASE	134.00	10.00+LAB	07997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE INCLUDES REMOVAL OF ARCHBAR)		25.00
05520	REPLACE MISSING OR BROKEN TEETH-COMplete DENTURE (EACH TOOTH)	110.00	10.00+LAB	<b>OTHER SERVICES</b>			
05610	REPAIR RESIN DENTURE BASE	119.00	10.00+LAB	09110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURES	84.00	5.00
05620	REPAIR CAST FRAMEWORK	155.00	10.00+LAB	09230	ANALGESIA (NITROUS OXIDE) - PER 15 MINUTE UNIT	44.00	25.00
05630	REPAIR OR REPLACE BROKEN CLASP	179.00	10.00+LAB	09310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY A DENTIST OTHER THAN PRACTITIONER PROVIDING TREATMENT)	227.00	NO CHARGE
05640	REPLACE BROKEN TEETH-PER TOOTH	112.00	10.00+LAB	09430	OFFICE VISIT FOR OBSERVATION DURING REGULARLY SCHEDULED HOURS-NO OTHER SERVICES PERFORMED	50.00	NO CHARGE
05650	ADD TOOTH TO EXISTING PARTIAL DENTURE	150.00	10.00+LAB	09431	OFFICE VISIT - PER PATIENT/PER VISIT	7.00	3.00
05660	ADD CLASP TO EXISTING PARTIAL DENTURE	130.00	10.00+LAB	09440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	105.00	45.00
05710	REBASE COMPLETE UPPER DENTURE	350.00	20.00+LAB	09630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	45.00	UCR
05711	REBASE COMPLETE LOWER DENTURE	350.00	20.00+LAB	09630	OTHER DRUGS AND/OR MEDICAMENTS, PERIDEX	12.00	17.00
05720	REBASE UPPER PARTIAL DENTURE	350.00	20.00+LAB	09920	BEHAVIOR MANAGEMENT	165.00	35.00
05721	REBASE LOWER PARTIAL DENTURE	350.00	20.00+LAB	09940	OCCUSAL GUARD, BY REPORT	416.00	90.00
05730	RELIN COMPLETE UPPER DENTURE (CHAIRSIDE)	200.00	69.00	09951	OCCUSAL ADJUSTMENT LIMITED	75.00	45.00
05731	RELIN COMPLETE LOWER DENTURE (CHAIRSIDE)	180.00	69.00	09952	OCCUSAL ADJUSTMENT COMPLETE	325.00	120.00
05740	RELIN UPPER PARTIAL DENTURE (CHAIRSIDE)	180.00	69.00	09972	EXTERNAL BLEACHING - PER ARCH	150.00	125.00
05741	RELIN LOWER PARTIAL DENTURE (CHAIRSIDE)	180.00	69.00	09973	EXTERNAL BLEACHING - PER TOOTH	125.00	60.00
05750	RELIN COMPLETE UPPER DENTURE (LABORATORY)	286.00	10.00+LAB	09974	INTERNAL BLEACHING - PER TOOTH	162.00	60.00
05751	RELIN COMPLETE LOWER DENTURE (LABORATORY)	275.00	10.00+LAB	09988	MISSED APPOINTMENT - FIRST	25.00	25.00
05760	RELIN UPPER PARTIAL DENTURE (LABORATORY)	360.00	10.00+LAB	09988	MISSED APPOINTMENT - ADDITIONAL	35.00	20.00
05761	RELIN LOWER PARTIAL DENTURE (LABORATORY)	250.00	10.00+LAB	09990	RECORDS TRANSFER - DUPLICATION FEE	20.00	UCR
05820	INTERIM PARTIAL DENTURE (UPPER)	350.00	150.00+LAB	<b>UCR: Usual Customary and Reasonable or Normal Office Fees</b>			
05821	INTERIM PARTIAL DENTURE (LOWER)	394.00	150.00+LAB	<b>LAB: Fees charged by the dental laboratory to fabricate certain dental products e.g. crowns, dentures or bridges. This fee varies depending on the dental laboratory and materials used.</b>			
05850	TISSUE CONDITIONING, UPPER	120.00	20.00				
05851	TISSUE CONDITIONING, LOWER	120.00	20.00				
06210	PONTIC-CAST HIGH NOBLE METAL	745.00	250.00+LAB				
06211	PONTIC-CAST PREDOMINANTLY BASE METAL	620.00	250.00+LAB				
06212	PONTIC-CAST NOBLE METAL	665.00	250.00+LAB				
06240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	747.00	250.00+LAB				
06241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	702.00	250.00+LAB				
06242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	715.00	250.00+LAB				
06245	PONTIC-PORCELAIN/CERAMIC	770.00	235.00+LAB				
06545	RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	435.00	165.00				

# Orthodontics for Children and Adults

*Effective January 1, 2004*

EDS Orthodontists offer 25% off their normal and customary fees. There is:

- **No Waiting Period**
- **No Referral Required**
- **No Lifetime Benefit Maximum**

Treatment plan and payment terms are defined by the contract you sign with your chosen EDS Orthodontist.

EDS Coverage must be maintained for the duration of treatment in order to avoid normal and customary fees.

*Individuals receiving Orthodontic treatment under another program are not eligible to participate. This is considered treatment in progress and is therefore excluded.*





## Temporomandibular Joint Dysfunction - TMD

EDS provides coverage for the treatment of TMD as a part of your dental care benefit. Procedures and services for the treatment of TMD will be charged at up to 25% off the TMD dentist's office fees.

You may call an EDS TMD dentist at any time. Please consult the list of EDS TMD dentists in your area.

Referral from general dentist not required.

## Emergency Care Benefit

*The maximum allowable reimbursement is \$200 minus any member costs which are listed in this booklet.*

EDS provides coverage for dental emergencies. Please contact your EDS general dentist first. If you are unable to reach your EDS general dentist, you may seek care immediately from any licensed dentist.

EDS will provide coverage for the *temporary* relief of:

- Pain (palliative treatments to control pain),
- Bleeding, and
- Infection.

**Follow up or additional treatment must be done by your EDS general dentist.**

After emergency treatment, you may receive your reimbursement by submitting a copy of your paid itemized receipt to:

EDS  
P.O. Box 36600  
Tucson, AZ 85740-6600

The maximum allowable reimbursement for a dental emergency is \$200 **minus any member costs** which are listed in this booklet.





## Prescription Discount Program (not an insurance)

### What is the Prescription Discount Program?

It is a program that offers substantial discounts on prescription drugs purchased through affiliated pharmacies. As a member of Employers Dental Services you are eligible for a prescription drug benefit.

### How does the program work?

When you need to fill a prescription, go to one of the participating pharmacies and present your EDS I.D. card with the prescription. **YOU MUST PRESENT YOUR EDS CARD** to receive the following discount:

- **Brand Name** drugs are offered at the average wholesale price less 15%, plus a \$3.00 dispensing fee.
- **Generic Substitutes** are offered at the average wholesale price less 30%, plus a \$3.00 dispensing fee.

This program is not valid in combination with other discount plans, HMO prescription benefits or prescription cards. The program is available to EDS members and their families. All family members do not have to be enrolled in EDS to utilize the prescription discount program. This benefit is good on medical as well as dental prescriptions.

### Which stores participate in the Prescription Discount Program?

Currently, pharmacies located in Bashas', Fry's, and Safeway stores participate in APN.



## Eligible Dependents

Eligible dependents will include lawful spouse and unmarried children to age 19, or any unmarried children to age 25, who attend an accredited educational institution on a full time basis and are fully dependent on employee for support or as stated in the employer's master contract.

Participants may add dependents midyear if a marriage occurs. Participants may add dependents at date of employer group open enrollment.

Dependent newborns or adopted children or children placed for adoption will be eligible immediately upon birth or upon adoption or placement for adoption. All newly eligible dependents must be added within 31 days of change. Dependent children must be deleted when they are no longer eligible.

## EDS Conversion Plan

When your EDS coverage terminates, you have the option of converting to an EDS Conversion Plan. Please call our Customer Service Department at 1-800-722-9772 for information. Enrollment forms are accepted within 31 days of coverage termination.



# Member Rights and Responsibilities

## Member Rights

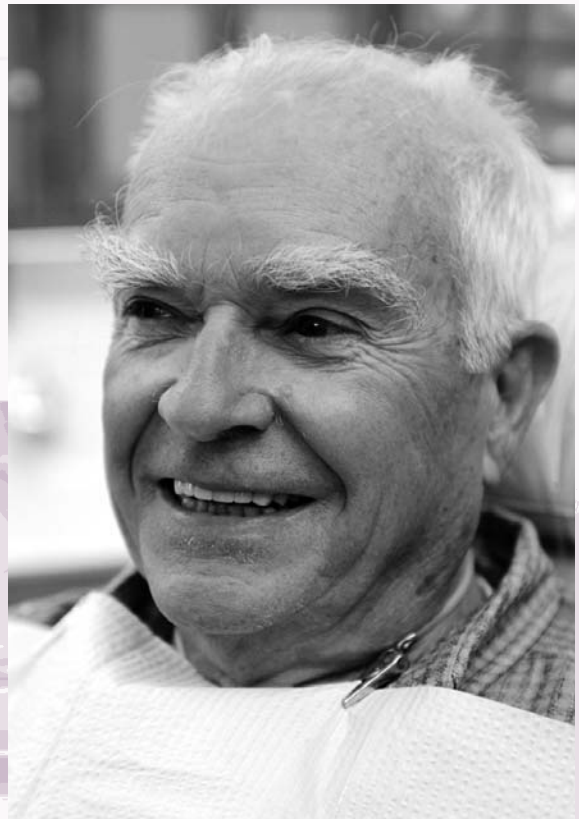
1. You have the right to have an initial appointment (non emergency) scheduled within 63 days of your request.
2. You have the right to have access to emergency dental health services 24 hours per day, 365 days per year.
3. You have the right to obtain appropriate care from your EDS participating dentist.
4. You have the right to considerate and respectful care from all participating primary care dentists and staff members in recognition of your dignity and need for privacy regardless of race, color, religion, sex, age, physical or mental handicap or national origin.
5. You have the right to be informed about your current dental health, treatment options, possible risks, likely outcomes, and to participate in decision-making with your participating dentist. This may include, but is not limited to obtaining a second opinion from another participating primary care dentist.
6. You have the right to voice recommendations for changes in policies and services to our company.
7. You have the right to voice grievances concerning our company, or the care delivered by our company's participating dentists.
8. You have the right to receive information regarding our company's appeals, complaint and grievance process and to receive a Formal Appeals and Grievance Brochure.
9. You have the right to receive information concerning changes in benefits or termination of any covered services or participating dentists that may affect you.
10. You have the right to receive information regarding your member cost and payment of charges for which you will be responsible before your dentist begins any procedure.
11. You have the right to expect that our company will provide you the necessary documents that explain your dental health care benefits, exclusions and limitations, our services, participating primary care dentists, how to obtain dental health care services and your member rights and responsibilities.
12. You have the right to expect that information concerning your dental records and the dentist/patient relationship is kept confidential unless you have given written permission to release such information, except when otherwise required or permitted by law.
13. You have the right to review your dental records, treatment plan, a progress report on treatment that has already been provided and to have the information explained to you except when restricted by law.
14. You have the right to change your participating primary care dentist by calling our Customer Service Department at 1-800-722-9772 by the 24th of any month. The change will be effective on the first day of the following month.
15. You have the right to have a recall appointment, at an interval specified by your dentist, to have your teeth cleaned and/or an oral examination.
16. You have the right to obtain care while temporarily out of the service area for infection, temporary relief of dental pain, and the control of bleeding due to dental problems, by going to the dentist of your choice.
17. You have the right, where available, to continue your dental health care coverage upon disenrollment through COBRA.
18. You have the right to have a Customer Service Representative assist you in getting an appointment and/or resolving problems by calling 1-800-722-9772.

## Member Responsibilities

1. You are responsible to recognize the effect of your lifestyle on your personal dental health.
2. You are responsible to call us at 1-800-722-9772 and report to our Customer Service Representative any situation where you perceive that your rights are violated.
3. You are responsible to provide, to the extent possible, accurate information needed by participating primary care dentists in order to provide care for your dental health including past illnesses, medical history and use of medicines.
4. You are responsible, if you have a written directive from another health-care provider, to provide a copy of this to your participating dentist.
5. You are responsible for selecting a participating primary care dentist with the goal of immediately establishing and maintaining an ongoing, well-communicated dentist/patient relationship.
6. You are responsible for following our company's guidelines for obtaining referrals and/or authorizations to participating specialists for care.
7. You are responsible for asking questions of your dental health professional when you do not understand information or instruction.
8. You are responsible to seek support from our Customer Service Department, by calling 1-800-722-9772, when you need assistance to access your dental health care benefits.
9. You are responsible for letting your dentist know if you feel that you will not be able to follow through with a recommended treatment plan or post operative instructions.
10. You are responsible to obtain and follow through with dental health care that is prescribed, or directed by your participating dentist that you agree to, and is authorized by our company.
11. You are responsible to show courtesy, consideration and respect to participating dentists, their staff and to our company's representatives.
12. You are responsible, not the dental office, to know what is covered and what is excluded from your dental plan.
13. You are responsible to understand and to pay, at the time of service, any required member costs for dental procedures as indicated in your Schedule of Benefits.
14. You are responsible to contact your participating primary care dentist for follow up dental care instructions following any emergency dental treatment.
15. You are responsible, as a parent or legal guardian, to stay in the dental office while your minor dependent child(ren) receives dental treatment.
16. You are responsible to provide 24 hours notice of cancellation on any appointment you are unable to keep. Failure to do so will result in a missed appointment fee being charged.
17. You are responsible to follow our guidelines as described above and in your enrollment and coverage brochure. If you are unable to do so, it will result in termination from the plan.

# Exclusions and Limitations

1. Visits or services performed by a Dentist, Specialist or professional not contracted with Employers Dental Services except in connection with dental emergencies.
2. Any dental services which, in the judgement of the Dentist, are not reasonable and necessary for the prevention, correction or improvement of a condition which is subject to treatment by the practice of dentistry.
3. Programs or treatment, including prosthetics, which were in progress prior to the date any person became a member under this Plan.
4. Any dental services related to any sickness or injury arising out of, or in the course of any occupation or unemployment for remuneration or profit. Also, any dental services for which the member is reimbursed, entitled to reimbursement, or is in any way indemnified for such expenses by, or through any public program, State, Federal or Local, or any program of medical benefits sponsored and paid for by the Federal Government, the State Government, any County or municipal government or any program of medical benefits sponsored and paid for by the Federal Government or any agency thereof.
5. Any dental service not specifically described in the Schedule of Benefits.
6. Any dental services, other than emergency dental services, which are related to accidents or accidental injury.
7. Any costs or expenses incurred in the event the member desires to be or is involuntarily hospitalized for any dental procedures or services, except in connection with dental emergencies.
8. Dispensing of drugs or any prescription drug charges incurred for treatment of oral disease except as may be specifically provided for in the Schedule of Benefits.
9. Any dental services, other than emergency dental services, which are necessitated as a result of intentionally self inflicted condition.
10. Oral surgery or extractions which are solely for orthodontic purposes or requiring the setting of fractures or dislocations, except as may be specifically provided for in the Schedule of Benefits.
11. Treatment of malignancies, cysts, neoplasm or congenital defects.
12. Conditions affecting the temporomandibular joint (TMJ) including dysfunction and/or malocclusion except as may be specifically provided for in the Schedule of Benefits.
13. Any general anesthetic charges or services of an anesthetist or anesthesiologist.
14. Gold foil restoration.
15. Any dental services requiring, or pertaining to, cosmetic surgery for beautification, treatment of obesity and appliances or restoration necessary to increase vertical dimension or to restore an occlusion or to correct a congenital condition.
16. Any new services or procedures performed after the last day of the month during which any person ceased to be eligible for participation under the Plan.
17. If a member continually fails to follow a prescribed course of treatment, the treating EDS dentist may refuse to continue that course of treatment at any time.





# Formal Grievance & Appeals Process

## Levels of Review

EDS members may ask EDS to review its decisions involving their requests for services or requests to have claims paid. The Arizona State Legislatures have established six levels of review. Companies that perform utilization review activities after services are provided (EDS is in this category) are not required to provide the Expedited Appeals Level 1 (Expedited Dental Review), Level 2, (Expedited Appeal), Level 3 (Expedited External Independent Dental Review) or Standard Appeals Level 1 (Informal Reconsideration). EDS members have two levels of review available to them. They are Standard Appeals Level 2 (Formal Appeal) and Level 3 (External Independent Dental Review).

There are two types of appeals: an expedited appeal for urgent matters, and a standard appeal. Each type of appeal has 3 levels. The appeals operate in similar fashion, except that expedited appeals are processed much faster because of a patients' condition.

### **Expedited Appeals**

*(For urgently needed service you have not yet received)*

Level 1	Expedited Dental Review
Level 2	Expedited Appeal
Level 3	Expedited External Independent Dental Review

### **Standard Appeals**

*(For non urgent services or denied claims)*

Informal Reconsideration
Formal Appeal
External Independent Dental Review

To submit a request for Formal Appeal, please send a written request to:

EDS Grievance and Appeals Coordinator  
P.O. Box 36600  
Tucson, AZ 85740-6600  
Phone: 1-800-722-9772  
Facsimile: (520) 696-4311

## **Need more information?**

After you enroll, a complete Formal Grievance and Appeals brochure will be mailed to your home with your ID card. To receive a copy of the formal Grievance and Appeals Brochure you may call our Customer Service Department at:

**Phoenix: (602) 248-8912**

**Tucson: (520) 696-4343**

**Statewide: 1-800-722-9772**



Marketing Department  
P.O. Box 36600  
Tucson, AZ 85740-6600